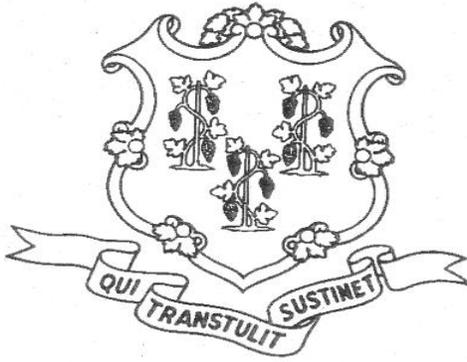


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as licensed) Chesterfields Health Care Center	
Address (No. & Street, City, State, Zip Code) 132 Main Street, Chester, CT 06412	
Type of Facility <input type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

License Numbers:	CCNH 2135-C	RHNS	(Specify)	Medicare Provider 075028
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Medicaid Provider Numbers:	CCNH 75028	RHNS	ICF-IID
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For Department Use Only

Sequence Number Assigned	Signed and Notarized	Date Received	Sequence Number Assigned	Signed and Notarized	Date Received

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General Information

Name of Facility (as licensed) Chesterfields Health Care Center	License No. 2135-C	Report for Year Ended 9/30/2015	Page 1	of 37
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Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER STATE OR FEDERAL LAW.

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Chesterfields Health Care Center [facility name], for the cost report period beginning October 1, 2014 and ending September 30, 2015, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

I hereby certify that I have directed the preparation of the attached General Information and Questionnaires, Schedule of Resident Statistics, Statements of Reported Expenditures, Statements of Revenues and the related Balance Sheet of this Facility in accordance with the Reporting Requirements of the State of Connecticut for the year ended as specified above.

I have read this Report and hereby certify that the information provided is true and correct to the best of my knowledge under the penalty of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.

Signed (Administrator)		Date	Signed (Owner)	Date
Printed Name (Administrator) Martin Julmisse			Printed Name (Owner) Brian J. Foley	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /
Address of Notary Public				

(Notary Seal)

State of Connecticut
Department of Social Services
 55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Chesterfields Health Care Center		Period Covered:	From 10/1/2014	To 9/30/2015
Address of Facility 132 Main Street, Chester, CT 06412				
Report Prepared By Apple Health Care, Inc.		Phone Number (860) 678-9755	Date 12/31/2015	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

Salaries - Compensation computed on a weekly or other basis which does not generally vary, based on the number of hours worked.

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-526-5363		Report for Year Ended 9/30/2015		Page 2	of 37
Name of Facility (as shown on license) Chesterfields Health Care Center			Address (No. & Street, City, State, Zip) 132 Main Street, Chester, CT 06412		
License Numbers:		CCNH 2135-C	RHNS	(Specify)	Medicare Provider No. 075028
Type of Facility (Check appropriate box(es))					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust					
If this facility opened or closed during report year provide:			Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.					
Administrator					
Name of Administrator Martin S. Julmisse			Nursing Home Administrator's License No.:	001978	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		

General Information and Questionnaire
Corporate Owners

Name of Facility Chesterfields Health Care Center	License No. 2135-C	Report for Year Ended 9/30/2015	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
Chesterfields Health Care Center	132 Main Street, Chester, CT 06412	Connecticut		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Brian J. Foley	21 Waterville Road Avon, CT 06001	President	100	
Ryan Vess	21 Waterville Road Avon, CT 06001	Secretary		
Names of Stockholders Owning at Least 10% of Shares				
Brian J. Foley	21 Waterville Road Avon, CT 06001	President	100	

**General Information and Questionnaire
 Related Parties***

Name of Facility Chesterfields Health Care Center	License No. 2135-C	Report for Year Ended 9/30/2015	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? Yes No If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Brian J. Foley	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Real Estate Rental	Pg. 22 Line 9	300,000	300,000
Apple Health Care	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Management & Accounting Services	Pg. 16 Line m12	308,716	308,716
Healthport Services	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10/13 Schedule	88,955	88,955
Allstar	21 Waterville Road Avon, CT	<input checked="" type="radio"/>	<input type="radio"/>	15%	Therapy Services	Pg. 13 B5/B9/B10	216,062	198,129
Corporate Employee	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	6,399	6,399
Employees @ various Apple Facilities		<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	81,184	81,184
Apple Health Care	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Pension Plan (401K)	Pg. 15 1a7	7,686	7,686
Aetna	PO Box 88860 Chicago, IL	<input checked="" type="radio"/>	<input type="radio"/>		Group Medical	Pg. 15 1a5	286,895	
Delta Dental	PO Box 23700 Newark, NJ	<input checked="" type="radio"/>	<input type="radio"/>		Group Dental	Pg. 15 1a5	20,260	

* Use additional sheets if necessary.

** Provide the percentage amount of revenue received from non-related parties.

**General Information and Questionnaire
 Related Parties***

Name of Facility Chesterfields Health Care Center		License No. 2135-C		Report for Year Ended 9/30/2015		Page 4	of 37	
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?						Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If "Yes," provide the Name/Address and complete the information on Page 11 of the report.	
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility?						x Yes No	If "Yes," provide the following information:	
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Unum Life Insurance	PO Box 406946 Atlanta, GA	X			Group Life & Disability	Pg. 15 1a6	7,149	
Marsh	PO Box 19636 Newark, NJ	X			Property, Liability, & Umbrella Insurance	Pg. 27 14a	49,601	
Medstat	41 Northwest Dr. Plainville, CT	X		9%	Pharmacy	Pg. 13B3/Pg. 20 5a2	85,700	82,272
AIG	PO Box 10472 Newark, NJ	X			Worker's Compensation	Pg. 15 1a1	83,253	
Swallowing Diagnostics	21 Waterville Rd. Avon, CT	X		83%	Diagnostic Services	Pg. 20 5f	1,080	821
Ryan Vess	21 Waterville Rd. Avon, CT		X			##		
Brendan Foley	21 Waterville Rd. Avon, CT	X				##		

* Use additional sheets if necessary.
 ** Provide the percentage amount of revenue received from non-related parties.
 ## Related expense has been disallowed on Pg. 28 Line 23

Chesterfields
 Shared Employees
 Cost Year 09/30/2015

41001 - Administrator

Source	Facility	Employee	Amount	Hours
Misc JE's	AHC	Julmisse, Martin	40,384.68	#####
Misc JE's	AHC	Julmisse, Martin	34,615.45	960.00
			<u>75,000.13</u>	<u>#####</u>

41002 - Clerical

Source	Facility	Employee	Amount	Hours
102014SHR	Ridgeview	Frost	134.40	8.00
			<u>134.40</u>	<u>8.00</u>

41004 - Salaries Social Services

Source	Facility	Employee	Amount	Hours
Je#10-153517	Westfield	Dorsey	68.25	3.00
Je#10-153520	Coccoma	Wisniowski	76.59	3.00
Je#01-161107	Coccoma	Wisniowski	70.21	2.75
Je#02-161160	Saybrook	Diperdomenico	47.50	2.50
			<u>262.55</u>	<u>11.25</u>

41006 - Maintenance

Source	Facility	Employee	Amount	Hours
102014SHR	Middletown	Kane	168.73	8.50
Je#01-160530	Farmington Valley	Scheyd	297.00	27.00
Je#02-160531	Ridgeview	Scheyd	13.75	1.25
			<u>479.48</u>	<u>36.75</u>

41007 - Salary - Projects

Source	Facility	Employee	Amount	Hours
JE#12-158963	Westfield	Sakowski	647.88	35.50
JE#01-161105	Westfield	Sakowski	100.37	5.50
			<u>748.25</u>	<u>41.00</u>

45001 - Salaries RN

Source	Facility	Employee	Amount	Hours
112014SHR	Farmington Valley	Smikle-Russell	210.00	6.00
012015SHR	Farmington Valley	Smikle-Russell	280.00	8.00
JE#01-158983	Orchard Grove	Ernstoff	408.38	16.50
042015SHR	Healthport	Soloski	1,779.35	40.00
042015SHR	Healthport	Soloski	1,779.35	40.00
042015SHR	Healthport	Soloski	1,778.58	40.00

072015SHR	Healthport	Matthews	64.75	1.75
			<u>6,300.41</u>	<u>152.25</u>

Chesterfields
Shared Employees
Cost Year 09/30/2015
45002 - Salaries LPN

Source	Facility	Employee	Amount	Hours
102014SHR	West Haven	Sallah	748.13	26.25
Je#10-153486	Saybrook	Perchon-schweepee	433.75	5.25
Je#10-153490	Saybrook	Appiah	1,176.42	41.25
112014SHR	West Haven	Sallah	1,017.93	37.25
112014SHR	Middletown	Brown	191.25	8.50
Je#11-158974	Saybrook	Perchon-schweepee	496.66	16.25
Je#11-158976	Saybrook	Appiah	284.20	8.75
122014SHR	Saybrook	Brown	(515.31)	24.25
122014SHR	Ridgeview	Brown	(608.76)	25.25
122014SHR	West Haven	Sallah	1,247.26	44.25
Je#12-158995	Saybrook	Perchon-schweepee	311.10	8.50
Je#12-158997	Saybrook	Appiah	337.33	8.50
012015SHR	Ridgeview	Brown	(\$3,203.76)	(148.75)
012015SHR	Saybrook	Schweppe	\$277.33	9.50
022015SHR	Ridgeview	Brown	(\$1,088.77)	(50.75)
Je# 03-Healthport 3-15	Healthport	Muckenthaler	\$263.50	8.50
Je# 03-Healthport 3-15	Healthport	Pierre	\$255.75	16.50
Je# 03-Healthport 3-15	Healthport	Stack	\$272.00	17.00
Je# 03-Healthport 3-15	Healthport	Urgo	\$272.25	16.50
Je# 03-Healthport 3-15	Healthport	Stack	\$272.00	17.00
JE#0521772	Healthport	Arshad	\$279.00	9.00
JE#0521772	Healthport	Lacoss	\$255.00	8.50
JE#0521772	Healthport	Pierre	\$16.50	8.25
JE#0521772	Healthport	Stack	\$270.00	9.00
			<u>3,260.76</u>	<u>174.50</u>

50001 - Dieticians

Source	Facility	Employee	Amount	Hours
102014SHR	Middletown	Carlson	1,200.00	40.00
112014SHR	Middletown	Carlson	960.00	32.00

122014SHR	Middletown	Carlson	1,200.00	40.00
012015SHR	Middletown	Carlson	480.00	16.00
022015SHR	Middletown	Carlson	960.00	32.00
032015SHR	Middletown	Carlson	240.00	8.00
			<u>5,040.00</u>	<u>168.00</u>

Chesterfields
Shared Employees
Cost Year 09/30/2015

50003- Helpers, Dish Washers

Source	Facility	Employee	Amount	Hours
012015SHR	Fowler	Valley	(26.88)	(2.50)
			<u>(26.88)</u>	<u>(2.50)</u>

60001- Salaries -Housekeeping

Source	Facility	Employee	Amount	Hours
JE#01-158983	Coccoma	Collier	270.00	22.50
			<u>270.00</u>	<u>22.50</u>

Total Healthport	7,558.03	232.00
Total Facility	83,911.07	#####
Grand Total	91,469.10	#####

Chesterfields
Cost Year 09/30/2015
Healthport

45022 - Purchased Service RN

Source	Facility	Employee	Amount	Hours
--------	----------	----------	--------	-------

102014SHR	Healthport	Matthews	1,551.50	38.00
102014SHR	Healthport	Cusano	666.00	18.50
112014SHR	Healthport	Matthews	2,800.50	67.50
112014SHR	Healthport	Shea	319.25	8.00
112014SHR	Healthport	Cusano	2,437.00	62.25
112014SHR	Healthport	Simeoli	282.50	7.50
122014SHR	Healthport	Scanzillo	365.25	8.75
122014SHR	Healthport	Matthews	2,469.00	59.00
122014SHR	Healthport	Plantamuro	1,061.00	28.00
122014SHR	Healthport	Solosky	321.75	8.25
122014SHR	Healthport	Shea	314.50	8.50
012015SHR	Healthport	Scanzillo	701.25	16.75
022015SHR	Healthport	Muckenthaler	752.00	18.50
022015SHR	Healthport	Matthews	355.50	8.50

Indirect Alloc

5,279.25
<u>19,676.25</u> <u>358.00</u>

Chesterfields
Cost Year 09/30/2015
Healthport

45023 - Purchased Service LPN

Source	Facility	Employee	Amount	Hours
102014SHR	Healthport	Patsas	1,056.50	32.50
102014SHR	Healthport	Muckenthaler	594.00	18.00
102014SHR	Healthport	Pierre	232.00	8.00
102014SHR	Healthport	Thomas	1,015.25	32.75
112014SHR	Healthport	Chapman	272.25	8.25
112014SHR	Healthport	Patsas	1,097.25	33.25
112014SHR	Healthport	Muckenthaler	709.50	21.50
112014SHR	Healthport	LaCoss	1,586.50	51.75
112014SHR	Healthport	Plantamuro	306.00	8.50

112014SHR	Healthport	Urgo	148.50	4.50
112014SHR	Healthport	Arshad	248.00	8.00
112014SHR	Healthport	Pierre	255.75	8.25
112014SHR	Healthport	Thomas	810.25	26.75
122014SHR	Healthport	Stack	288.00	9.00
122014SHR	Healthport	Patsas	272.25	8.25
122014SHR	Healthport	Muckenthaler	899.25	27.25
122014SHR	Healthport	Urgo	272.25	8.25
122014SHR	Healthport	Arshad	527.00	17.00
122014SHR	Healthport	Thomas	859.50	24.50
122014SHR	Healthport	Sewell	239.25	8.25
012015SHR	Healthport	Stack	256.00	8.00
012015SHR	Healthport	Patsas	544.50	16.50
012015SHR	Healthport	Pierre	124.00	4.00
012015SHR	Healthport	Thomas	363.25	12.25
012015SHR	Healthport	Sewell	116.00	4.00
012015SHR	Healthport	Alicea	255.75	8.25
022015SHR	Healthport	Chapman	263.50	8.50
022015SHR	Healthport	Stack	512.00	16.00
022015SHR	Healthport	Patsas	272.25	8.25
022015SHR	Healthport	Muckenthaler	693.00	21.00
022015SHR	Healthport	Thomas	2,022.75	65.25
022015SHR	Healthport	Alicea	527.00	17.00
Indirect Alloc			10,660.49	
			<u>28,299.74</u>	<u>553.50</u>
		Total	47,975.99	911.50

Chesterfields
Cost Year 09/30/2015
Corporate Employees

41003-Salaries- Accounting

Source	Facility	Employee	Amount	Hours
--------	----------	----------	--------	-------

191-93107	AHC Direct Cost Various	1,393.00	45.00
191-93105	AHC Direct Cost Various	5,006.00	249.00
		<u>6,399.00</u>	<u>294.00</u>

Apple Shared Employee Report

Reporting Period: From

3/8/2015 to

9/19/2015

Emp Num	LastName	FirstName	HomeFcltyCode	Home Facility
19002555	WISNIOWSKI	LAURETTE	19	Coccoma
27002297	DeJesus	Alexander	27	Saybrook
27002297	DeJesus	Alexander	27	Saybrook
27002297	DeJesus	Alexander	27	Saybrook
24970432	Velez	Jamie	24	Chesterfields
29970210	Matthews	Alexis	29	Healthport Srves
24970432	Velez	Jamie	24	Chesterfields
24970432	Velez	Jamie	24	Chesterfields
24970432	Velez	Jamie	24	Chesterfields
24970432	Velez	Jamie	24	Chesterfields
24970432	Velez	Jamie	24	Chesterfields
24970432	Velez	Jamie	24	Chesterfields
29970149	Scanzillo	June	29	Healthport Srves
10048303	ERNSTOFF	ELISA	10	Orchard Grove
29970210	Matthews	Alexis	29	Healthport Srves
29970210	Matthews	Alexis	29	Healthport Srves
5046796	GAUTHIER	ROBERT	5	Mystic
24971532	GAUTHIER	ROBERT	24	Chesterfields
24971532	GAUTHIER	ROBERT	24	Chesterfields
27002325	Gilbert	Karolena	27	Saybrook
24971532	GAUTHIER	ROBERT	24	Chesterfields
24971532	GAUTHIER	ROBERT	24	Chesterfields
24971532	GAUTHIER	ROBERT	24	Chesterfields
24971532	GAUTHIER	ROBERT	24	Chesterfields
24971532	GAUTHIER	ROBERT	24	Chesterfields
24971532	GAUTHIER	ROBERT	24	Chesterfields
29970144	Muckenthaler	Consuelo	29	Healthport Srves
29970286	Pierre	Andy	29	Healthport Srves
8970458	SALLAH	PAMELA	8	West Haven
29970026	Stack	Stacy	29	Healthport Srves
29970254	Urgo	Charlene	29	Healthport Srves
29970026	Stack	Stacy	29	Healthport Srves
29970271	Arshad	Mohamed	29	Healthport Srves
29970026	Stack	Stacy	29	Healthport Srves
29970288	Thomas	Elizabeth	29	Healthport Srves
29970144	Muckenthaler	Consuelo	29	Healthport Srves

29970286 Pierre	Andy	29 Healthport Srves
29000058 Chapman	Maura	29 Healthport Srves
29970308 Sewell	KerryAnn	29 Healthport Srves
29970254 Urgo	Charlene	29 Healthport Srves
29970144 Muckenthaler	Consuelo	29 Healthport Srves
29970288 Thomas	Elizabeth	29 Healthport Srves
29970969 LaCoss	Gail	29 Healthport Srves
29970144 Muckenthaler	Consuelo	29 Healthport Srves
29970088 Patsas	Jane	29 Healthport Srves
29970286 Pierre	Andy	29 Healthport Srves
29970026 Stack	Stacy	29 Healthport Srves
29970969 LaCoss	Gail	29 Healthport Srves
29970144 Muckenthaler	Consuelo	29 Healthport Srves
29970144 Muckenthaler	Consuelo	29 Healthport Srves
29970088 Patsas	Jane	29 Healthport Srves
29970288 Thomas	Elizabeth	29 Healthport Srves
29970254 Urgo	Charlene	29 Healthport Srves
29970271 Arshad	Mohamed	29 Healthport Srves
29970969 LaCoss	Gail	29 Healthport Srves
29970088 Patsas	Jane	29 Healthport Srves
29970288 Thomas	Elizabeth	29 Healthport Srves
29970969 LaCoss	Gail	29 Healthport Srves
29970144 Muckenthaler	Consuelo	29 Healthport Srves
29970088 Patsas	Jane	29 Healthport Srves
27002284 Pechon-Schweppe	Danine	27 Saybrook
29970288 Thomas	Elizabeth	29 Healthport Srves
29000058 Chapman	Maura	29 Healthport Srves
29970969 LaCoss	Gail	29 Healthport Srves
29970144 Muckenthaler	Consuelo	29 Healthport Srves
27002284 Pechon-Schweppe	Danine	27 Saybrook
29970026 Stack	Stacy	29 Healthport Srves
29970088 Patsas	Jane	29 Healthport Srves
29970288 Thomas	Elizabeth	29 Healthport Srves
29970969 LaCoss	Gail	29 Healthport Srves
29970797 Lucisano	Tracy	29 Healthport Srves
29970026 Stack	Stacy	29 Healthport Srves
29000058 Chapman	Maura	29 Healthport Srves
29970969 LaCoss	Gail	29 Healthport Srves
29970088 Patsas	Jane	29 Healthport Srves
29970026 Stack	Stacy	29 Healthport Srves
29970254 Urgo	Charlene	29 Healthport Srves
29000058 Chapman	Maura	29 Healthport Srves
29970969 LaCoss	Gail	29 Healthport Srves
29970340 Monahan	Rhonda	29 Healthport Srves
29970088 Patsas	Jane	29 Healthport Srves

29970026 Stack	Stacy	29 Healthport Srves
29970254 Urgo	Charlene	29 Healthport Srves
29970088 Patsas	Jane	29 Healthport Srves
29970288 Thomas	Elizabeth	29 Healthport Srves
29970254 Urgo	Charlene	29 Healthport Srves
29970175 Gause	Joseph	29 Healthport Srves
29970702 Jones	Paula	29 Healthport Srves
29970969 LaCoss	Gail	29 Healthport Srves
29970710 OBENG	TERENIA	29 Healthport Srves
29970088 Patsas	Jane	29 Healthport Srves
29970288 Thomas	Elizabeth	29 Healthport Srves
29000058 Chapman	Maura	29 Healthport Srves
29970702 Jones	Paula	29 Healthport Srves
29970288 Thomas	Elizabeth	29 Healthport Srves
29970254 Urgo	Charlene	29 Healthport Srves
29970969 LaCoss	Gail	29 Healthport Srves
29970088 Patsas	Jane	29 Healthport Srves
29970288 Thomas	Elizabeth	29 Healthport Srves
29970254 Urgo	Charlene	29 Healthport Srves
27002284 Pechon-Schweppe	Danine	27 Saybrook
29970288 Thomas	Elizabeth	29 Healthport Srves
29970254 Urgo	Charlene	29 Healthport Srves
29970702 Jones	Paula	29 Healthport Srves
29970088 Patsas	Jane	29 Healthport Srves
29970288 Thomas	Elizabeth	29 Healthport Srves
29970254 Urgo	Charlene	29 Healthport Srves
29970702 Jones	Paula	29 Healthport Srves
29970969 LaCoss	Gail	29 Healthport Srves
29970026 Stack	Stacy	29 Healthport Srves
29000058 Chapman	Maura	29 Healthport Srves
29970787 Kearns	Maureen	29 Healthport Srves
29970340 Monahan	Rhonda	29 Healthport Srves
29970026 Stack	Stacy	29 Healthport Srves
29970254 Urgo	Charlene	29 Healthport Srves
29970144 Muckenthaler	Consuelo	29 Healthport Srves
29970026 Stack	Stacy	29 Healthport Srves
29970254 Urgo	Charlene	29 Healthport Srves
29970144 Muckenthaler	Consuelo	29 Healthport Srves
29970254 Urgo	Charlene	29 Healthport Srves
24970277 FROST	LISA	24 Chesterfields
24970400 FRANCIS	DANA	24 Chesterfields
27002268 Lebert	Macy	27 Saybrook
24970400 FRANCIS	DANA	24 Chesterfields

24970400 FRANCIS
24970400 FRANCIS

DANA
DANA

24 Chesterfields
24 Chesterfields

WorkedFcltyCode Worked Facility GL Code

24 Chesterfields 924-41004

24 Chesterfields 924-41006

24 Chesterfields 924-41006

24 Chesterfields 924-41006

9 Colchester 909-45001

24 Chesterfields 924-45001

9 Colchester 909-45001

24 Chesterfields 924-45001

5 Mystic 905-45001

5 Mystic 905-45001

24 Chesterfields 924-45001

5 Mystic 905-45001

24 Chesterfields 924-45002

13 Watrous	913-45003
13 Watrous	913-45003

GL Description	PayDate	Hours
Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES - BSW	5/7/2015	0.75
	Total	0.75
Salaries - Maintenance - JobTitle = MAINTENANCE ASSISTANT 1	7/16/2015	20.5
Salaries - Maintenance - JobTitle = MAINTENANCE ASSISTANT 1	7/23/2015	19.5
Salaries - Maintenance - JobTitle = MAINTENANCE ASSISTANT 1	8/27/2015	17.5
	Total	57.5
Salaries - R.N. (CCNH) - JobTitle = RN SNF	4/23/2015	-60.75
Salaries - R.N. (CCNH) - JobTitle = RN SNF	4/23/2015	24.5
Salaries - R.N. (CCNH) - JobTitle = RN SNF	4/30/2015	-55.5
Salaries - R.N. (CCNH) - JobTitle = RN SNF	5/7/2015	-61.5
Salaries - R.N. (CCNH) - JobTitle = RN SNF	5/14/2015	-34.25
Salaries - R.N. (CCNH) - JobTitle = RN SNF	5/21/2015	-12.75
Salaries - R.N. (CCNH) - JobTitle = RN SNF	5/28/2015	-25.5
Salaries - R.N. (CCNH) - JobTitle = RN SNF	5/28/2015	24
Salaries - R.N. (CCNH) - JobTitle = RN SNF	6/18/2015	13
Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/2/2015	113.5
Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/9/2015	42
Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/16/2015	94.5
Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/23/2015	-36
Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/30/2015	-17.5
Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/30/2015	17
Salaries - R.N. (CCNH) - JobTitle = RN SNF	8/6/2015	-32.5
Salaries - R.N. (CCNH) - JobTitle = RN SNF	8/13/2015	-38.5
Salaries - R.N. (CCNH) - JobTitle = RN SNF	8/20/2015	-27
Salaries - R.N. (CCNH) - JobTitle = RN SNF	8/27/2015	-25.5
Salaries - R.N. (CCNH) - JobTitle = RN SNF	9/3/2015	-24.75
Salaries - R.N. (CCNH) - JobTitle = RN SNF	9/10/2015	-18.5
	Total	-142
Salaries LPN - JobTitle = LPN SNF	3/19/2015	8.5
Salaries LPN - JobTitle = LPN SNF	3/19/2015	16.5
Salaries LPN - JobTitle = LPN SNF	3/19/2015	8
Salaries LPN - JobTitle = LPN SNF	3/19/2015	17
Salaries LPN - JobTitle = LPN SNF	3/19/2015	16.5
Salaries LPN - JobTitle = LPN SNF	3/26/2015	17
Salaries LPN - JobTitle = LPN SNF	4/2/2015	15
Salaries LPN - JobTitle = LPN SNF	4/2/2015	17.5
Salaries LPN - JobTitle = LPN SNF	4/2/2015	14.5
Salaries LPN - JobTitle = LPN SNF	4/16/2015	8.5

Salaries LPN - JobTitle = LPN SNF	4/16/2015	30
Salaries LPN - JobTitle = LPN SNF	4/23/2015	16.5
Salaries LPN - JobTitle = LPN SNF	4/23/2015	14.5
Salaries LPN - JobTitle = LPN SNF	4/23/2015	16.5
Salaries LPN - JobTitle = LPN SNF	4/30/2015	17
Salaries LPN - JobTitle = LPN SNF	4/30/2015	24.5
Salaries LPN - JobTitle = LPN SNF	5/14/2015	8.25
Salaries LPN - JobTitle = LPN SNF	5/14/2015	8.75
Salaries LPN - JobTitle = LPN SNF	5/14/2015	16
Salaries LPN - JobTitle = LPN SNF	5/14/2015	8
Salaries LPN - JobTitle = LPN SNF	5/14/2015	18.5
Salaries LPN - JobTitle = LPN SNF	5/21/2015	8.25
Salaries LPN - JobTitle = LPN SNF	5/21/2015	44.75
Salaries LPN - JobTitle = LPN SNF	5/28/2015	16
Salaries LPN - JobTitle = LPN SNF	5/28/2015	24.25
Salaries LPN - JobTitle = LPN SNF	5/28/2015	16
Salaries LPN - JobTitle = LPN SNF	5/28/2015	16.5
Salaries LPN - JobTitle = LPN SNF	6/4/2015	14.5
Salaries LPN - JobTitle = LPN SNF	6/4/2015	17
Salaries LPN - JobTitle = LPN SNF	6/4/2015	16.5
Salaries LPN - JobTitle = LPN SNF	6/4/2015	8.25
Salaries LPN - JobTitle = LPN SNF	6/11/2015	9.75
Salaries LPN - JobTitle = LPN SNF	6/11/2015	8.25
Salaries LPN - JobTitle = LPN SNF	6/11/2015	16
Salaries LPN - JobTitle = LPN SNF	6/11/2015	24.5
Salaries LPN - JobTitle = LPN SNF	6/11/2015	16.5
Salaries LPN - JobTitle = LPN SNF	6/18/2015	8
Salaries LPN - JobTitle = LPN SNF	6/18/2015	8.25
Salaries LPN - JobTitle = LPN SNF	6/18/2015	17
Salaries LPN - JobTitle = LPN SNF	6/18/2015	13.75
Salaries LPN - JobTitle = LPN SNF	6/18/2015	17.5
Salaries LPN - JobTitle = LPN SNF	6/25/2015	8
Salaries LPN - JobTitle = LPN SNF	6/25/2015	10.25
Salaries LPN - JobTitle = LPN SNF	7/2/2015	-17
Salaries LPN - JobTitle = LPN SNF	7/2/2015	8.25
Salaries LPN - JobTitle = LPN SNF	7/2/2015	19
Salaries LPN - JobTitle = LPN SNF	7/9/2015	9
Salaries LPN - JobTitle = LPN SNF	7/9/2015	8.5
Salaries LPN - JobTitle = LPN SNF	7/9/2015	16.5
Salaries LPN - JobTitle = LPN SNF	7/9/2015	17.5
Salaries LPN - JobTitle = LPN SNF	7/9/2015	17
Salaries LPN - JobTitle = LPN SNF	7/16/2015	20.75
Salaries LPN - JobTitle = LPN SNF	7/16/2015	8.25
Salaries LPN - JobTitle = LPN SNF	7/16/2015	17.5
Salaries LPN - JobTitle = LPN SNF	7/16/2015	16.5

Salaries LPN - JobTitle = LPN SNF	7/16/2015	18.5
Salaries LPN - JobTitle = LPN SNF	7/16/2015	8.25
Salaries LPN - JobTitle = LPN SNF	7/23/2015	16.5
Salaries LPN - JobTitle = LPN SNF	7/23/2015	25
Salaries LPN - JobTitle = LPN SNF	7/23/2015	16.5
Salaries LPN - JobTitle = LPN SNF	7/30/2015	16
Salaries LPN - JobTitle = LPN SNF	7/30/2015	23.5
Salaries LPN - JobTitle = LPN SNF	7/30/2015	21.5
Salaries LPN - JobTitle = LPN SNF	7/30/2015	8.25
Salaries LPN - JobTitle = LPN SNF	7/30/2015	16.5
Salaries LPN - JobTitle = LPN SNF	7/30/2015	32.5
Salaries LPN - JobTitle = LPN SNF	8/6/2015	9.25
Salaries LPN - JobTitle = LPN SNF	8/6/2015	17
Salaries LPN - JobTitle = LPN SNF	8/6/2015	8.75
Salaries LPN - JobTitle = LPN SNF	8/6/2015	33.5
Salaries LPN - JobTitle = LPN SNF	8/13/2015	17
Salaries LPN - JobTitle = LPN SNF	8/13/2015	16.5
Salaries LPN - JobTitle = LPN SNF	8/13/2015	24.5
Salaries LPN - JobTitle = LPN SNF	8/13/2015	12.25
Salaries LPN - JobTitle = LPN SNF	8/20/2015	13.5
Salaries LPN - JobTitle = LPN SNF	8/20/2015	7.25
Salaries LPN - JobTitle = LPN SNF	8/20/2015	16.5
Salaries LPN - JobTitle = LPN SNF	8/27/2015	17.5
Salaries LPN - JobTitle = LPN SNF	8/27/2015	33
Salaries LPN - JobTitle = LPN SNF	8/27/2015	31.75
Salaries LPN - JobTitle = LPN SNF	8/27/2015	25
Salaries LPN - JobTitle = LPN SNF	9/3/2015	56
Salaries LPN - JobTitle = LPN SNF	9/3/2015	8.5
Salaries LPN - JobTitle = LPN SNF	9/3/2015	18
Salaries LPN - JobTitle = LPN SNF	9/10/2015	9
Salaries LPN - JobTitle = LPN SNF	9/10/2015	9.5
Salaries LPN - JobTitle = LPN SNF	9/10/2015	34
Salaries LPN - JobTitle = LPN SNF	9/10/2015	17.5
Salaries LPN - JobTitle = LPN SNF	9/10/2015	34
Salaries LPN - JobTitle = LPN SNF	9/17/2015	25.75
Salaries LPN - JobTitle = LPN SNF	9/17/2015	22.5
Salaries LPN - JobTitle = LPN SNF	9/17/2015	16.75
Salaries LPN - JobTitle = LPN SNF	9/24/2015	17.5
Salaries LPN - JobTitle = LPN SNF	9/24/2015	8.5
	Total	1562.75
Salaries - Aides - JobTitle = CNA SNF	6/4/2015	-23.25
Salaries - Aides - JobTitle = CNA SNF	6/4/2015	-18.75
Salaries - Aides - JobTitle = CNA SNF	7/23/2015	9.5
Salaries - Aides - JobTitle = CNA SNF	8/6/2015	-8

Salaries - Aides - JobTitle = CNA SNF
Salaries - Aides - JobTitle = CNA SNF

9/17/2015	-43
9/24/2015	-33.5
Total	-117

Healthport Total	1723.75
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Grand Total	1362
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1/4/2016

Dollars

19.15

19.15

264.78

253.5

227.5

745.78

-874.97

345.75

-597.25

-638

-285.75

-123.25

-244.5

336

154.75

1700.52

712.5

1162.52

-424.38

-245

242.25

-353.86

-388.5

-314

-246.5

-239.25

-259

-579.92

263.5

255.75

192

272

272.25

272

232.5

280

224.75

263.5

465
272.25
210.25
272.25
280.5
379.75
231
271.25
264
232
296
231
865.25
264
512.5
354.02
272.25
224.75
391
272.25
358.88
292.5
255.75
264
285.84
255.75
248
247.5
527
267.12
280
132
269.86
-391
222.75
304
279
382.5
272.25
280
280.5
404
247.5
262.5
272.25

296
255.75
272.25
495.5
272.25
232
376
596.25
214.5
272.25
503.75
286.75
272
253.75
552.75
510
272.25
487.75
379.75
261.22
210.25
511.5
280
544.5
684.5
528.5
896
255
288
279
294.5
510
280
807.5
551.75
360
519.25
288.75
263.5
31005.19

-163.14
-101.57
49.88
-112

-376.88

207.31

-496.4

33421.03

30693.8

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Chesterfields Health Care Center	License No. 2135-C	Report for Year Ended 9/30/2015	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (<i>See listing page 13</i>)
Maintenance and operation of plant	Square feet
Property costs (depreciation)	Square feet
Employee health and welfare	Gross salaries
Management services	Appropriate cost center involved
All other General Administrative expenses	Total of Direct and Allocated Costs

The preparer of this report must answer the following questions applicable to the cost information provided.

1. In the preparation of this Report, were all costs allocated as required? Yes No If "No," explain fully why such allocation was not made.

2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.
 The costs incurred by Apple Health Care, inc. (a related party), to provide Accounting and Managerial services to each facility owned by Brian J. Foley, are allocated on a per bed basis.

3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)

Yes No If "No," explain fully why such allocation was not made.

N/A

General Information and Questionnaire Leases (Excluding Real Property)

Operating Leases - Include all long-term leases for motor vehicles and equipment that have not been capitalized. Short-term leases or as needed rentals should not be included in these amounts.

Name of Facility Chesterfields Health Care Center			License No. 2135-C			Report for Year Ended 9/30/2015		Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed		
	Yes	No							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input checked="" type="radio"/> Yes <input type="radio"/> No	Total ***	

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.
 ** Attach copies of newly acquired leases.
 *** Amount should agree to Page 22, Line 6e.

General Information and Questionnaire

Accounting Basis

Name of Facility Chesterfields Health Care Center	License No. 2135-C	Report for Year Ended 9/30/2015	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

Accrual Cash Modified Cash

Is the accounting basis for this period the same as for the previous period? Yes No If "No," explain.

Independent Accounting Firm

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 Saslow, Lufkin, & Buggy, LLP	10 Tower Lane Avon, CT 06001
2 Huban & Brazee	35 Wendell Avenue Pittsfield, MA 10202
3	
4	

Services Provided by This Firm (*describe fully*)

1 Preparation of audited financials (dissallow Pg. 28)	\$ 2,905
2 Preparation of tax returns	\$ 2,025
3	\$
4	\$
	Charge for Services Provided
	\$ 4,930

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.

Yes No Pg. 15 1d

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Law Offices of Jason DeGenaro	
2 Summa & Ryan PC	
3 Thomas H. Richardson	
4	
5	

Address (*No. & Street, City, State, Zip Code*)

1 29 Water St., Guilford, CT 06437	
2 1921 Holmes Ave., Waterbury, CT 06702	
3 29 Water St., Guilford, CT 06437	
4	
5	

Services Provided by This Firm (*describe fully*)

1 Collection Fees disallow on pg 28	\$ 1,901
2 Contract Negotiations	\$ 2,944
3 Title Search	\$ 250
4	\$
5	\$
	Charge for Services Provided
	\$ 5,095

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.

Yes No Pg. 15 1e

Schedule of Resident Statistics

Name of Facility Chesterfields Health Care Center			License No. 2135-C		Report for Year Ended 9/30/2015				Page 8	of 37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	60	60			60	60			60	60			
B. On last day of THIS report period	60	60			60	60			60	60			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	44	44			44	44			44	44			
B. As of midnight of THIS report period	49	49			49	49			49	49			
3. Total Number of Days Care Provided During Period													
A. Medicare	1,094	1,094			970	970			124	124			
B. Medicaid (Conn.)	11,637	11,637			10,468	10,468			1,169	1,169			
C. Medicaid (other states)													
D. Private Pay	886	886			762	762			124	124			
E. State SSI for RCH													
F. Other (Specify)													
G. Total Care Days During Period (3A thru F)	13,617	13,617			12,200	12,200			1,417	1,417			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days													
B. Other Bed Reserve Days													
5. Total Resident Days (3G + 4A + 4B)	13,617	13,617			12,200	12,200			1,417	1,417			

Schedule of Resident Statistics (Cont'd)

Name of Facility Chesterfields Health Care Center			License No. 2135-C			Report for Year Ended 9/30/2015			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	(Specify)			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	3		45		1								
Per Diem Rate													
a. One bed rm.													
b. Two bed rms.	Various Rugs III		195.13		350.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								1,649	1,649				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								2,515	2,515				
D. Total Physical Therapy Treatments								4,164	4,164				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								229	229				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								138	138				
D. Total Speech Therapy Treatments								367	367				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								1,683	1,683				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								3,052	3,052				
D. Total Occupational Therapy Treatments								4,735	4,735				

Report of Expenditures - Salaries & Wages

Name of Facility Chesterfields Health Care Center	License No. 2135-C	Report for Year Ended 9/30/2015	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	78,004	2,165				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	66,672	3,647				
5. Dietary Service						
a. Head Dietitian	5,557	1,293				
b. Food Service Supervisor	44,173	1,001				
c. Dietary Workers	151,701	12,960				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	97,110	7,807				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	49,763	2,538				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	7,398	691				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants	39,520	1,899				
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	54,295	1,319				
b. RN						
1. Direct Care	489,787	15,605				
2. Administrative**	62,698	2,172				
c. LPN						
1. Direct Care	253,855	11,249				
2. Administrative**						
d. Aides and Attendants	492,282	36,547				
e. Physical Therapists	1,723	141				
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	54,504	3,221				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	29,559	1,223				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	1,978,601	105,475				

* Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.

** Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

*** This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

**Schedule A1 - Salary Information for Operators/Owners; Administrators,
Assistant Administrators and Other Related Parties***

Name of Facility				License No.	Report for Year Ended				Page	of
Chesterfields Health Care Center				2135-C	9/30/2015				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

* No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

** Include **all** employment worked during the cost year.

**Schedule A1 - Salary Information for Operators/Owners; Administrators,
Assistant Administrators and Other Related Parties***

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Chesterfields Health Care Center				2135-C	9/30/2015			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Martin S. Julmisse	78,004				Administrator 10/1/2014- 09/30/2015	2,165	A.2			
Section IV - Assistant Administrators										

*No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

** Include **all** other employment worked during the cost year.

*** If more than one Administrator is reported, include dates of employment for each.

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Chesterfields Health Care Center	2135-C	9/30/2015	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	5,961	60				
3. Pharmacist	4,594	44				
4. Podiatrist	133	2				
5. Physical Therapy						
a. Resident Care	92,556	1,041				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	30,000					
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) EYE GROUP	14,251	428				
9. Speech Therapist						
a. Resident Care	23,720	92				
b. Other						
10. Occupational Therapist						
a. Resident Care	96,095	1,184				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	19,676	358				
2. Administrative***						
b. LPN						
1. Direct Care	28,300	554				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	3,395	34				
B-13 Total Fees Paid in Lieu of Salaries	318,682	3,795				

* Do not include in this section management consultants or services which must be reported on Page 16 item M-12 and supported by required information, Page 17.

** This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

*** Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

Report of Expenditures
Schedule B1 - Information Required for Individual(s) Paid on Fee for Service Basis*

Name of Facility Chesterfields Health Care Center		License No. 2135-C		Report for Year Ended 9/30/2015	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Allstar Therapy 21 Waterville Rd. Avon, CT	Therapy Services	<input checked="" type="radio"/>	<input type="radio"/>	See Disclosure Pg. 4		
Healthport Services 21 Waterville Rd. Avon, CT	Employee Staffing	<input checked="" type="radio"/>	<input type="radio"/>	See Disclosure Pg. 4		
EKB Consulting LLC 328 Commonwealth Ave, New Britain, CT 06053	Medical Consultant	<input type="radio"/>	<input checked="" type="radio"/>			
Andrea Schaffner 176 Westbrook Road, Essex, CT 06426	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Healthdrive 1 Prestige Drive, Meriden, CT 06450	Dentist	<input type="radio"/>	<input checked="" type="radio"/>			
Pointright 150 Cambridge Park Drive, Suite 301, Cambridge, MA 02140	Data Integrity Auditor	<input type="radio"/>	<input checked="" type="radio"/>			
Medstat 41 Northwest Dr. Plainville, CT	Pharmacist	<input checked="" type="radio"/>	<input type="radio"/>	See Disclosure Pg. 4		
Healthdrive 888 Worcester St Wellesly, MA	Audiologist/Eye Care	<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			

* Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
Chesterfields Health Care Center	2135-C	9/30/2015		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 83,253	83,253			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 67,960	67,960			
4. Social Security (F.I.C.A.)	\$ 135,896	135,896			
5. Health Insurance	\$ 217,343	217,343			
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 6,406	6,406			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 7,686	7,686			
8. Uniform Allowance	\$				
9. Other (<i>Specify</i>) See Attached Schedule	\$				
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 64,403	64,403			
d. Accounting and Auditing	\$ 4,930	4,930			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 5,095	5,095			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 12,624	12,624			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 26,111	26,111			
2. Cellular Phones	\$				
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$				
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*	\$				
2. Other (<i>Specify</i>) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 320,681	320,681			
Subtotal	\$ 952,388	952,388			

* Facility should self-disallow the expense on Page 28 of the Cost Report.

(Carry Subtotals forward to next page)

C. Expenditures Other Than Salaries (cont'd) - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of	
Chesterfields Health Care Center	2135-C	9/30/2015	16	37	
Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:		952,388	952,388		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$	3,490	3,490		
2. Holiday Parties for Staff	\$	1,197	1,197		
3. Gifts to Staff and Residents	\$	3,773	3,773		
4. Employee Travel	\$	3,879	3,879		
5. Education Expenses Related to Seminars and Conventions	\$	2,606	2,606		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>)	\$				
See Attached Schedule					
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$	690	690		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)***	\$	5,104	5,104		
See Attached Schedule					
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$	3,434	3,434		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>)	\$	4,094	4,094		
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$	3,561	3,561		
10. Contributions***	\$				
See Attached Schedule					
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$				
12. Administrative Management Services**	\$	308,716	308,716		
13. Other (<i>Specify</i>)	\$	48,318	48,318		
See Attached Schedule					
C-14 Total Administrative & General Expenditures	\$	1,341,249	1,341,249		

* Do not include Subscriptions, which should go in item 9.

** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

*** Facility should self-disallow the expense on Page 28 of the Cost Report.

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising - Public Relations	\$ 5,104		
Total Other Advertising	\$ 5,104	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 4,094		
Total Dues	\$ 4,094	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Detail	\$ -		
Total Contributions	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Corporate Fees - Non Reimbursable	\$ 24,070		
Licenses & Fees	\$ 4,725		
Pre Employment Screening	\$ 10,137		
Point Click Care Fees	\$ 6,032		
Bank Charges	\$ -		
Resident Expenses	\$ 594		
Account Write Off	\$ 176		
Treasurer State of CT	\$ 1,090		
Centers For Medicare and Medicaid	\$ 1,495		
Total Other Administrative and General	\$ 48,318	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Chesterfields Health Care Center	License No. 2135-C	Report for Year Ended 9/30/2015	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Apple Health Care, Inc.	308,716	Accounting & Managerial Services	Pg. 16 m12

*** In addition to management fees reported on page 16, line m12 include any additional management company charges or allocations of home office overhead costs reported elsewhere in the Annual Report.**

C. Expenditures Other Than Salaries (cont'd) - Dietary Basis for Allocation of Costs (See Note on Page 5)

Name of Facility Chesterfields Health Care Center		License No. 2135-C	Report for Year Ended 9/30/2015	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food	\$ 112,178	112,178		
2.	Non-Food Supplies	\$ 17,346	17,346		
3.	Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$ 469	469		
c. Management Services**		\$			
d. Other (Specify) _____		\$			
2E. Total Dietary Expenditures (2a + b + c + d)		\$ 129,993	129,993		
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
G.	Resident Meals: Total no. of meals served per day:*	112	112		
H.	Is cost of employee meals included in 2E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		
I.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.
L.	Is any revenue collected from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
N.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.
O.	Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.
 ** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

C. Expenditures Other Than Salaries (cont'd) - Laundry Basis for Allocation of Costs
(See Note on Page 5)

Name of Facility		License No.	Report for Year Ended	Page	of
Chesterfields Health Care Center		2135-C	9/30/2015	19	37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	2,785	2,785	
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.			
		Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.			
		Amt. \$			
4. Repair and/or purchase of linens.***		Lbs.			
		Amt. \$	816	816	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	32,592	32,592	
c. Management Services**		\$			
d. Other (Specify)		\$			
3E. Total Laundry Expenditures (3a + b + c + d)		\$	36,193	36,193	
3F. Laundry Questionnaire					
G. Is cost of employee laundry included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H. Did you receive revenue from employees?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I. Where is the revenue received reported in the Cost Report?		(Page/Line Item)			
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K. Did you receive revenue from these people?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L. Where is the revenue received reported in the Cost Report?		(Page/Line Item)			

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.

All allocations should add to total recorded in 3E.

** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

*** Pounds of Laundry only required for multi-level facilities.

**C. Expenditures Other Than Salaries (cont'd) - Housekeeping and Resident Care
 Basis for Allocation of Costs (See Note on Page 5)**

Name of Facility		License No.	Report for Year Ended		Page	of
Chesterfields Health Care Center		2135-C	9/30/2015		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel	22,673	22,673		
a.	In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	17,837	17,837		
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt. \$				
c.	Management Services*	\$				
d.	Other (<i>Specify</i>)	\$				
4E.	Total Housekeeping Expenditures (4a + b + c + d)	\$	17,837	17,837		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from Medstat/West River Pharmacy	\$	80,429	80,429		
b.	Medicine Cabinet Drugs	\$				
c.	Medical and Therapeutic Supplies	\$	109,700	109,700		
d.	Ambulance/Limousine***	\$				
e.	Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	6,375	6,375		
f.	X-rays and Related Radiological Procedures***	\$	19,820	19,820		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$				
i.	Recreation	\$	31,463	31,463		
j.	Other (Specify)**** See Attached Schedule	\$	9,626	9,626		
5K.	Total Resident Care Expenditures (5a - 5j)	\$	257,413	257,413		

* Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

** Do not include any fees to professional staff, these should be reported on Page 13, or, if paid on salary basis, on Page 10.

*** Facility should self-disallow the expense on Page 29 of the Cost Report.

**** ICFMR's should provide a detailed schedule of all Day Program Costs.

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Nursing Station Supplies	\$ 2,811		
Rehab Service Supplies	\$ 1,889		
IV Therapy Supplies	\$ 3,991		
Social Service Supplies	\$ 936		
Total Other Resident Care	\$ 9,626	\$ -	\$ -

Report of Expenditures
Schedule C-2 - Individuals or Firms Providing Services by Contract *

Name of Facility Chesterfields Health Care Center			License No. 2135-C		Report for Year Ended 9/30/2015				Page of 21 37	
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Unitex	Parkway, Mt Vernon, NY 10550	<input type="radio"/>	<input checked="" type="radio"/>		Laundry	31,950			19	3b
Giroux Landscaping, LLC	P.O Box 702, Ivoryton, CT 06442	<input type="radio"/>	<input checked="" type="radio"/>		Landscaping	28,684			22	6a
CWPM	25 Norton Place Plainville CT	<input type="radio"/>	<input checked="" type="radio"/>		Refuse Removal	10,666			22	6 f
Perfectemp Heating & Air Conditioning	635 Old Turnpike Road Plantsville, Ct 06479	<input type="radio"/>	<input checked="" type="radio"/>		Heating and air conditioning	23,556			22	6a
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							

* List all contracted services over \$10,000. Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.
 *** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

C. Expenditures Other Than Salaries (cont'd) - Maintenance and Property

Name of Facility	License No.	Report for Year Ended			Page	of
Chesterfields Health Care Center	2135-C	9/30/2015			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 129,253	129,253				
b. Heat	\$ 64,839	64,839				
c. Light & Power	\$ 36,305	36,305				
d. Water	\$ 24,789	24,789				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$ 11,909	11,909				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 267,096	267,096				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$ 1,538	1,538				
d. Movable Equipment	\$ 13,996	13,996				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 15,534	15,534				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 55,982	55,982				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 55,982	55,982				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 300,000	300,000				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 37,537	37,537				
c. Personal property taxes	\$ 2,708	2,708				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 411,761	411,761				

* Amounts entered in these items must agree with detail on Schedule for Depreciation and Amortization Page 23 and Page 24.

Chesterfields Health Care Center
9/30/2015

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Land Improvements		\$ -		\$ - *
Deletions:				
Total deletions for Land Improvements		\$ -		\$ - **

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Building Improvements		\$ -		\$ - *
Deletions:				
Total deletions for Building Improvements		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Non-Movable Equipment		\$ -		\$ - *
Deletions:				
Total deletions for Non-Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
12/22/2014	Vital Sign Monitor Mobile (First	\$ 2,399	ME - 5	\$ 600
1/1/2015	Patient Lift (Invacare)	\$ 1,278	ME - 10	\$ 48
1/28/2015	4 LED HDTV's (Kaplan Computers)	1580.36	ME - 5	115.43
3/19/2015	Payroll System Upgrade - Time Clocks	1233.02	ME - 10	42.04
3/19/2015	Payroll System Upgrade - Time Clocks	1196.43	ME - 10	40.76
4/30/2015	Install Wireless Network Controllers	1182.65	ME - 5	74.09
5/21/2015	Install Wireless Network Controllers	353.5	ME - 5	20.95
Total additions for Movable Equipment		\$ 9,223		\$ 941 *
Deletions:				
9/30/2015	Micro (Computer)	\$ (1,595)		
9/30/2015	Northeast (Copier	\$ (6,302)		
9/30/2015	Time recorder (simplex)	\$ (793)		
9/30/2015	Time recorder (Industrial)	\$ (538)		
9/30/2015	Install hand scanner (Precision Electric)	\$ (700)		
9/30/2015	KyoceraMita (Advanced Copy Techno	\$ (5,560)		
Total deletions for Movable Equipment		\$ (15,487)		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
12/13/2013	Remove Wall Paper CompD Sand	\$ 1,230.68	LHI - 5	246.14
4/7/2014	Flooring (Commercial Floor)	\$ 56,320.66	LHI - 15	3,456.00
12/16/2014	Shower Room Carpentry (THKeifer)	\$ 700.20	LHI - 15	58.35
12/22/2014	Shower Room Carpentry (THKeifer)	\$ 210.36	LHI - 15	17.54
1/1/2015	Install of Nurse Call System (Raintech)	\$ 3,511.36	LHI - 10	131.67
1/1/2015	Install New radiator in Generator	\$ 6,447.47	LHI - 10	241.74
1/11/2015	Ceramic Tile Install (Antonio's)	\$ 3,429.79	LHI - 20	63.69
Total additions for Leasehold Improvement		\$ 71,851		4,215.13 *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

Amortization Schedule*

Name of Facility Chesterfields Health Care Center			License No. 2135-C		Report for Year Ended 9/30/2015			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period	Var			1,005,315	702,632	A		51,766	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	Var			71,851				4,215	
C-4. Subtotal									55,982
D. Total Amortization									55,982

* Straight-line method must be used.

** Specify which of the following bases were used:

- A. Minimum of 5 years or 60 months.
- B. Life of mortgage; OR
- C. Remaining Life of Lease; OR
- D. Actual Life if owned by Related Party.

C. Expenditures Other Than Salaries (cont'd) - Property Questionnaire

Name of Facility Chesterfields Health Care Center	License No. 2135-C	Report for Year Ended 9/30/2015	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description	Total			
1. Date Land Purchased				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity	60			
6. Square Footage	22,673			
7. Acquisition Cost				
a. Land				
b. Building				
Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)	See Attached			
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of _____				
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

Note: Be sure required copies of leases are attached to Page 25 and real estate taxes paid by lessor are included on Page 22, Item 10b.

CT Medicaid Cost Rep

- A.
- B.
- C.
- D.
- E.
- F.

Note: The following facilities are collateralized by this mortga

	Original Mortgage	6 Month extension
Type of Financing (e.g. fixed, variable)	Fixed	
Date of Mortgage Obtained	4/11/2008	extension to 10/13/15
Interest Rate For the Cost Year	6.44%	2.08%
Term of Mortgage (number of years)	7 Yrs.	6 month
Amount of Principal Borrowed	119,500,000	
Principal Balance Outstanding as of 9/30/15	100,562,320	

age.

Connecticut Facilities

- Brightview Nursing & Retirement Center, Ltd.
- Rose Haven, Ltd.
- Mary Elizabeth Nursing Center, Inc.
- Fowler Nursing Center, Inc.
- Waterbury Extended Care Facility, Inc.
- Harbor View Nursing Center, Inc.
- Liberty Hall Nursing Center
- Orchard Grove Specialty Care
- Wolcott Hall Nursing Center, Inc.
- Hewitt Health and Rehabilitation Center, Inc.
- Watrous Nursing Center
- Elm Hill Nursing Center, Inc.
- Gardner Heights Health Care Center, Inc.
- Shelton lakes Health Care Center, Inc.
- Highview Health Care Center, Inc.
- Westfield Manor Health Care Center, Inc.
- TA Cocomo Memorial
- Plainville Health Care Center, Inc.
- Ledgecrest Health Care Center, Inc.
- Ridgeview Health Care Center, Inc.
- The Kent, Ltd.
- Chesterfields, Ltd.

Out of State Facilities

- Watch Hill Manor, Ltd.
- The Clipper Home, Inc.

C. Expenditures Other Than Salaries (cont'd) - Interest

Name of Facility	License No.	Report for Year Ended	Page	of
Chesterfields Health Care Center	2135-C	9/30/2015	26	37
Item	Total	CCNH	RHNS	(Specify)
12. Interest				
A. Building, Land Improvement & Non-Movable Equipment				
1. First Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
2. Second Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
3. Third Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
4. Fourth Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
B. CHEFA Loan Information				
1. Original Loan Amount	\$			
2. Loan Origination Date				
3. Interest Rate %				
4. Term				
5. CHEFA Interest Expense				
12 B7. Total Building Interest Expense (A1 - A4 + B5)	\$			

(Carry Subtotals forward to next page)

C. Expenditures Other Than Salaries (cont'd) - Interest and Insurance

Name of Facility		License No.		Report for Year Ended		Page	of
Chesterfields Health Care Center		2135-C		9/30/2015		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify) Value Health Interest/ Town of Chester				\$ 3,588	3,588		
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$ 3,588	3,588		
14. Insurance							
a. Insurance on Property (buildings only)				\$ 49,601	49,601		
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. Total Insurance Expenditures (14a + b + c)				\$ 49,601	49,601		
15. Total All Expenditures (A-13 thru C-14)				\$ 4,812,016	4,812,016		

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Chesterfields Health Care Center				2135-C	9/30/2015	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 2,291	2,291		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 96,095	96,095		
7.			Other - See attached Schedule	\$ 30,000	30,000		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 64,403	64,403		
10.	15	1d/e	Accounting & Legal	\$ 5,056	5,056		
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m2/3	Unallowable Advertising *	\$ 5,104	5,104		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 28,613	28,613		
Page 18 - Dietary Expenditures							
24.	30	IV1	Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$	231,562	231,562	

* All except "Help Wanted".

(Carry Subtotal forward to next page)

** Physicians who provide services to Title 19 residents are required to bill the Department of Social Services directly for each individual resident.

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	12m	Social Service/Marketing	\$ 2,291		
Total Other Salaries Adjustment			\$ 2,291	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	B8	Medical Director	\$ 30,000		
Total Other Fees Adjustments			\$ 30,000	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Corporate Fee - Non Reimburable	\$ 24,070		
16	1.3	Employee Recognition/Gifts/Parties	\$ 3,773		
16	8a	Chamber of Commerce	\$ -		
16	m13	Bank Charges	\$ -		
16	m13	Resident Expenses	\$ 594		
16	m13	Account Write Off	\$ 176		
Total Other A&G Adjustments			\$ 28,613	\$ -	\$ -

D. Adjustments to Statement of Expenditures (cont'd)

Name of Facility			License No.	Report for Year Ended	Page	of	
Chesterfields Health Care Center			2135-C	9/30/2015	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 231,562	231,562		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 80,429	80,429		
28.	16	L1	Ambulance/Limousine	\$ 3,490	3,490		
29.	20	h	X-rays, etc	\$ 19,820	19,820		
30.	20	f	Laboratory	\$			
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 1,647	1,647		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 5,880	5,880		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.	30	IV5	Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 3,588	3,588		
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	Total Amount of Decrease (Items 1 - 50)			\$ 346,415	346,415		

*** Items billed directly to Department of Social Services and/or Health Services in CT, or other states, Medicare, and private-pay residents. Identify separately by category as indicated on Page 20.

Chesterfields Health Care Center
9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	IV Therapy Supplies	\$ 3,991		
20	5j	Rehab Service Supplies	\$ 1,889		
Total Other Ancillary Costs			\$ 5,880	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Property Adjustments			\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	12 D	Value Health Care Term Note Interest	\$ 2,416		
27	12 D	Town of Chester	\$ 1,172		
Var	Var	Outpatient Therapy Services			
Total Other Adjustments			\$ 3,588	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Chesterfields Health Care Center	2135-C	9/30/2015			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 2,782,458	2,782,458				
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 494,010	494,010				
b. Medicare Room and Board Contractual Allowance **	\$ 103,639	103,639				
4. a. Private-Pay Residents and Other	\$ 408,562	408,562				
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 44,045	44,045				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (44,045)	(44,045)				
c. Prescription Drugs - Non-Medicare	\$ 1,879	1,879				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (1,879)	(1,879)				
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 143,535	143,535				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (91,449)	(91,449)				
c. Physical Therapy - Non-Medicare	\$ 2,205	2,205				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (2,205)	(2,205)				
4. a. Speech Therapy - Medicare	\$ 16,517	16,517				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (7,215)	(7,215)				
c. Speech Therapy - Non-Medicare	\$					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 209,702	209,702				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (141,351)	(141,351)				
c. Occupational Therapy - Non-Medicare	\$ 3,375	3,375				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (3,375)	(3,375)				
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 3,918,409	3,918,409				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$					
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 722	722				
V. Total Other Revenue (1 thru 8)	\$ 722	722				
VI. Total All Revenue (III +V)	\$ 3,919,131	3,919,131				

* Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.

** Facility should report all contractual allowances and/or payer discounts.

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
Total Other Resident Revenue		\$ -	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30 IV5	Interest Income	320,499	\$ -		
Total Interest Income			\$ -	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30 IV 8	CT Staff	\$ 519		
30 IV 8	Blue Cross Blue Shield	\$ 203		
Total Other Revenue		\$ 722	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Chesterfields Health Care Center	2135-C	9/30/2015	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	1,996
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	320,499
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	11,776
5. Prepaid Expenses			\$	14,172
a. Prepaid Insurance	4,382			
b. Prepaid Property Tax	9,791			
c. Prepaid Other				
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	118,965
Due Affiliate (Debit Balance)	118,965			
A-9. Total Current Assets (Lines A1 thru 8)			\$	467,408
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>1,077,166</u>		\$	318,552
	Accum. Depreciation <u>758,614</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>35,474</u>		\$	2,076
	Accum. Depreciation <u>33,399</u>	Net		
6. Movable Equipment	*Historical Cost <u>321,108</u>		\$	50,307
	Accum. Depreciation <u>270,800</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	424,295
Construction in Progress	5,333			
Fixed Asset Clearing Account/Capitalized Finar	418,962			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	795,230

* Historical Costs must agree with Historical Cost reported in Schedules on Depreciation and Amortization (Pages 23 and 24).

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Chesterfields Health Care Center	2135-C	9/30/2015	32	37
Account			Amount	
Total Brought Forward:			\$	1,262,639
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)			\$	650
Leasehold Deposits	650			

D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	650
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	1,263,289

* Historical Costs must agree with Historical Cost reported in Schedules on Depreciation and Amortization (Pages 23 and 24).

G. Balance Sheet (cont'd)

Name of Facility Chesterfields Health Care Center		License No. 2135-C	Report for Year Ended 9/30/2015	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	193,070
2. Notes Payable (<i>itemize</i>)				\$	

3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	60,565
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	10,612
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	265,953
Accrued PTO		59,192	Accrued Worker's Comp	80,119	
Accrued Pension		2,002	Accrued Professional Fee	3,466	
Accrued Expense Other		102,165			
Payroll W/H		19,011			
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	530,201

* Business Income Tax (not that withheld from employees). Attach copy of owner's Federal Income Tax Return.

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Chesterfields Health Care Center		License No. 2135-C	Report for Year Ended 9/30/2015	Page 34	of 37
Account				Amount	
Total Brought Forward:				530,201	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
\$					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable					
\$					
3. Loans from Owners or Related Parties (<i>itemize</i>)					
\$ 1,135,287					
Name and Address of Lender	Amount	Loan Date			
Brian J. Foley	1,135,287	Demand			
4. Other Long-Term Liabilities (<i>itemize</i>)					
Security Deposit					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 1,135,287	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 1,665,488	

G. Balance Sheet (cont'd)
Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Chesterfields Health Care Center	2135-C	9/30/2015	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	1,317,614
2. Capital Stock			\$	1,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(827,928)
6. Gain or Loss for Period			\$	(892,885)
	10/1/2014	thru	9/30/2015	
7. Total Net Worth			\$	(402,200)
C. Total Reserves and Net Worth			\$	(402,200)
D. Total Liabilities, Reserves, and Net Worth			\$	1,263,289

H. Changes in Total Net Worth

Name of Facility Chesterfields Health Care Center	License No. 2135-C	Report for Year Ended 9/30/2015	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$	(306,183)
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	3,919,131
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	4,812,016
D. Net Income or Deficit			\$	(892,885)
E. Balance			\$	(1,199,068)
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
Brian J. Foley	800,000			
2. Other (<i>itemize</i>)				
F-3. Total Additions			\$	800,000
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	3,132
Name and Address (<i>No., City, State, Zip</i>)	Title	Amount		
Brian Foley	President	3,132		
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose	Amount			
3. Total Deductions			\$	3,132
H. Balance at End of Period			\$	(402,200)
				09/30/15

I. Preparer's/Reviewer's Certification

Name of Facility Chesterfields Health Care Center	License No. 2135-C	Report for Year Ended 9/30/2015	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Robert Gwizdak				
Address Address			Phone Number	
21 Waterville Road Avon, CT 06001			(860) 470-7535	